

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Respondent	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
PETITION FOR APPOINTMENT OF CONSERVATOR FOR ADULT	

1. The Petitioner is

- a person who would be adversely affected by lack of effective management of the Respondent's property and business.
- a person who is interested in the estate, financial affairs, or welfare of the Respondent.
- the Respondent.

This is a Petition for appointment of a:

- Permanent Conservator.
- Special Conservator. While a petition to establish a conservatorship is pending, there is a need to preserve and apply the property of the Respondent as may be required for the support of the Respondent or individuals who are in fact dependent upon the Respondent. (§15-14-406(6), C.R.S.)
- Special Conservator. There is a need for a protective arrangement or other single transaction. A permanent conservatorship is not requested. (§15-14-412(3), C.R.S.)

2. Information about the Petitioner:

Name: _____ Relationship to Respondent: _____
 Street Address: _____
 Mailing address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Work Phone #: _____
 Does Petitioner need an interpreter?: No Yes (Language: _____)

3. Information about the Respondent:

Name: _____ Age: _____ Date of Birth: _____
 Street Address: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ County of Residence: _____
 Does Respondent need an interpreter?: No Yes (Language: _____)

If this appointment is made, the Respondent's dwelling will change to:

4. Information about the Respondent's spouse, partner in a civil union, or adult who has resided with the Respondent for more than six months in the last year:

Name: _____ Relationship to Respondent: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

5. Venue for this proceeding is proper in this county because the Respondent

resides in this county.

does not reside in this state, but has property in this county.

6. A Power of Attorney exists for financial or medical matters. (*Attach a copy to the Petition.*) The agent's name and mailing address are:

7. A valid designated beneficiary agreement exists. (*Attach a copy of the agreement to the Petition.*) The designated beneficiary's name and mailing address are:

8. A Conservator is required because the Respondent is unable to manage property and business affairs because he/she is unable to effectively receive and evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments: Physician's letter attached.

In addition:

the Respondent has property which will be wasted or dissipated unless proper management is provided.
and/or

the Respondent, or persons entitled to the Respondent's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.

9. A Conservator is required because the Respondent is missing, detained, or unable to return to the United States. The nature of the Respondent's disappearance or detention and any efforts to locate the Respondent are as follows:

10. The Petitioner requests the Conservator's powers and duties be unlimited/unrestricted or limited/with restrictions. The property to be placed under the Conservator's control and the requested limitations/restrictions on the Conservator's powers and duties, if any, are as follows:

11. Petitioner is, 21 years of age or older, nominates himself/herself and requests to be appointed as Conservator or Special Conservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as Conservator or Special Conservator.

Name: _____ Relationship to Respondent: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

12. The nominated Conservator has priority for appointment because he/she is: (§15-14-413,C.R.S.)

a Conservator, Guardian or other fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.

nominated in writing by Respondent, including nomination in a durable power of attorney or designated beneficiary agreement.

- an agent appointed by the Respondent to manage the Respondent's property under a durable power of attorney.
- the spouse or partner in a civil union of the Respondent.
- an adult child of the Respondent.
- a parent of the Respondent.
- an adult with whom Respondent has resided for more than six months immediately before the filing of this Petition.

13. The Respondent nominated the following person as Conservator, but the Petitioner does not seek that person's appointment for the following reason:

Name: _____ Relationship to Respondent: _____
 Street Address: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Work Phone #: _____

14. The Conservator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this Petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

15. The Conservator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this Petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

16. Sections **a and b** below identify assets and the source and amount of anticipated income or receipts (public benefits, income, real property, proceeds from insurance policy, proceeds from pension, etc.), together with an estimate of the value.

a. The Respondent's assets are:

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
<input type="checkbox"/> None.	
	\$
Total	\$

b. The Respondent's income is:

Description of Income (e.g. social security, pension and insurance)	Estimated Amount of Income
<input type="checkbox"/> None.	
	\$
Total	\$

17. The following person is currently acting as a Guardian and/or Conservator in Colorado or elsewhere:

Name: _____ Relationship to Respondent: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

18. **Information about adult children and parents.** None (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.):

Name: _____ Relationship: Adult Child or Parent
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____
Does this person need an interpreter?: No Yes (Language: _____)

Name: _____ Relationship: Adult Child or Parent
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____
Does this person need an interpreter?: No Yes (Language: _____)

Name: _____ Relationship: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____
Does this person need an interpreter?: No Yes (Language: _____)

19. The following person had the primary care and custody of Respondent during the 60 days prior to the filing of this Petition:

Name: _____ Relationship: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____
Dates of Care: _____
Does this person need an interpreter?: No Yes (Language: _____)

20. Information about each person currently responsible for the primary care and custody of the Respondent, including the Respondent's treating physician: None

Name of Treating Physician: _____ Phone #: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Email Address: _____

